

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM FTO-575)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6		2					56						
7	1						57						
8							58						
9							59						
10							60						
11							61						
12		2					62						
13	1						63						
14							64						
15							65						
16							66						
17		2					67						
18	1						68						
19							69						
20							70						
21							71						
22		2					72						
23	1						73						
24							74						
25							75						
26							76						
27							77						
28							78						
29		2					79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.		2					TOTAL DEP.						